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BETTER HMO PREVENTION FOR HEALTHIER CALIFORNIANS

HMOs were founded on a principle of providing consumers with aggressive preventive health care that would prevent illness, saving and prolonging lives as well as preserving critical health care resources for those who do become ill. Indeed, the name – Health Maintenance Organization – is principled on a notion of better health through proven interventions.

At the launch of the new Department of Managed Health Care in July 2000, Governor Davis made improving preventive health care for HMO consumers a top priority.

The promise of better preventive health is undeniable.

- According to the American Cancer Society, at least one-third of the half million cancer deaths each year could be prevented with minimal cost to the health care system.
- Of the 16 million Americans who have diabetes, at least a third don't know it and half of diagnosed patients don't have their condition controlled to slow damage from the disease. As result, diabetes unnecessarily causes blindness, kidney failure, limb amputations, heart disease and death.
- The Centers for Disease Control and Prevention says that the 40,000 preventable new HIV infections each year not only result in death or a lower quality of life, but they sap \$6.2 billion of our health care dollars in lifetime treatment costs.

Unfortunately, HMOs have lost their way. The Department of Managed Health Care's Advisory Committee on Managed Health Care for the past two years has examined preventive health care in California HMOs and uncovered unmet needs in preventive health.

- Preventable illness accounts for as much as 70 percent of all medical care spending.
- Half of the nation's premature deaths from the ten leading causes of mortality are attributable to factors that can be controlled or modified, such as tobacco use, alcohol and drug misuse, diet, and unsafe sexual behavior.
- Californians ranks 22nd in overall health, considering smoking rates, obesity, heart disease, cancer rates, incidence of infectious diseases and other indicators.

As a first step, the Committee is recommending that HMOs focus on improving preventive health in three areas that our research indicates would provide the highest yield of care for the most modest investment.

SMOKING CESSATION

Smoking cessation programs work. As a result of aggressive smoking cessation programs, California's lung cancer rate decreased by 14 percent between 1988 and 1997. Still, 17.5 percent of adult California men 13.6 percent of women smoke.

Less than one-third of HMO enrollees with employer-based coverage have smoking cessation as a covered benefit.

CHLAMYDIA SCREENING

Chlamydia is the most common communicable disease in California. It is responsible for a large proportion of the state's cases of pelvic inflammatory disease. A majority of people infected with chlamydia are asymptomatic and most cases go undetected.

Among sexually active women in managed health care aged 16-26, 16 to 19 percent received at least one test for Chlamydia during the year.

COLORECTAL CANCER SCREENING

Less than 40 to 45 percent of adults over 50 were screened for colorectal cancer in the past five years.

Nationally, there are 21.2 colorectal cancer deaths per 100,000 people. With early detection and removal of pre-cancerous polyps, this rate could be reduced to 13.9 deaths by the year 2010. The rate is particularly high for African-American men (16.2 deaths per 100,000) and women (18.4 deaths per 100,000).

RECOMMENDATION

We recognize that the transient nature of HMO and other health plan enrollees diminishes an important incentive for HMOs to realize the return on a significant investment in the preventive health care of their enrollees. For this reason, we think the Department should make an effort to ensure universal preventive health care investment, so that the benefits are assured to all HMO enrollees.

We recommend the Department require all HMOs and health plans regulated by the Department to develop a preventive health plan and submit that plan to the Department by an appropriate date. We recommend the Department then require the HMOs to submit a follow-up report focusing on utilization exactly one year later.

While we are not proscribing HMOs' prevention plans, our recommended approach focuses on prevention results, and that is where California's HMOs can be judged, in the one year follow-up report. We recommend to the Department that the HMOs prevention plans focus on the three areas identified in this report.